

# Unilateral Joint System



## Patient Information and Order Form

Customer Information		Ship To Information	
Date	<input type="text"/>	Name	<input type="text"/>
Account Number	<input type="text"/>	Address	<input type="text"/>
Bill to	<input type="text"/>	City/State/Zip	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Buyer	<input type="text"/>	Desired Delivery Date	<input type="text"/>
PO Number	<input type="text"/>	Please mail your completed Ottobock order form and a negative impression of the patient's limb to the address below. An Ottobock Fabrication Coordinator will contact you. <i>Effective Date 2/1/2021</i>	

Once this form is complete, please send to Ottobock via fax or email.

**Order**      **Quote Only**

### Shipping Options

Next Day      Ground  
2-Day      Other \_\_\_\_\_

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### Notes

# Unilateral Joint System

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Patient Name: \_\_\_\_\_

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Specify</th> </tr> <tr> <td>                 Left _____ Right _____                  Patient Weight _____             </td> </tr> <tr> <th style="background-color: #cccccc;">Correction to Cast</th> </tr> <tr> <td> <b>Ankle</b>                  Leave as Casted                  To 90°                  To _____ ° Plantarflex                  To _____ ° Dorsiflex                  Valgus/varus to neutral   <b>Knee</b>                  Leave as Casted                  To _____ ° Flexion                  To _____ ° Extension                  Valgus/varus to neutral             </td> </tr> <tr> <th style="background-color: #cccccc;">Fitting Stage</th> </tr> <tr> <td>                 Test Orthosis                  or                  Laminated*                  * Check orthosis required prior to fabrication             </td> </tr> <tr> <th style="background-color: #cccccc;">Components</th> </tr> <tr> <td>                 Please list which parts to use. If ordering third-party components, it will be a 40% markup.                   Knee Joints _____                  Ankle Joint _____             </td> </tr> <tr> <th style="background-color: #cccccc;">Finish</th> </tr> <tr> <td>                 Satin black finish (standard)                  Finished satin carbon design (additional charges apply)                  Fabric design; specify                  _____             </td> </tr> </table>	Specify	Left _____ Right _____ Patient Weight _____	Correction to Cast	<b>Ankle</b> Leave as Casted To 90° To _____ ° Plantarflex To _____ ° Dorsiflex Valgus/varus to neutral  <b>Knee</b> Leave as Casted To _____ ° Flexion To _____ ° Extension Valgus/varus to neutral	Fitting Stage	Test Orthosis or Laminated* * Check orthosis required prior to fabrication	Components	Please list which parts to use. If ordering third-party components, it will be a 40% markup.  Knee Joints _____ Ankle Joint _____	Finish	Satin black finish (standard) Finished satin carbon design (additional charges apply) Fabric design; specify _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Padding</th> </tr> <tr> <td>                 Condyle Pad      Arch Pad      Malleolus Pad             </td> </tr> <tr> <th style="background-color: #cccccc;">Liner Options</th> </tr> <tr> <td>                 Thigh      Calf      Foot             </td> </tr> <tr> <th style="background-color: #cccccc;">Padding Material</th> </tr> <tr> <td>                 No Liner (patient must wear KAFO sock or similar if no liner is selected)                  EVA (black)                  AirFlex – standard option (black)                  Terry Cloth (blue)                  3mm      4mm      5mm      6mm                  Other _____             </td> </tr> <tr> <th style="background-color: #cccccc;">Thigh</th> </tr> <tr> <td>                 Anterior shell                  Posterior shell (standard)             </td> </tr> <tr> <th style="background-color: #cccccc;">Calf</th> </tr> <tr> <td>                 Anterior shell                  Posterior shell (standard)             </td> </tr> <tr> <th style="background-color: #cccccc;">Uprights</th> </tr> <tr> <td>                 Stainless Steel (standard)                  Titanium             </td> </tr> <tr> <th style="background-color: #cccccc;">Notes</th> </tr> <tr> <td style="height: 100px;">                 _____                  _____                  _____             </td> </tr> </table>	Padding	Condyle Pad      Arch Pad      Malleolus Pad	Liner Options	Thigh      Calf      Foot	Padding Material	No Liner (patient must wear KAFO sock or similar if no liner is selected) EVA (black) AirFlex – standard option (black) Terry Cloth (blue) 3mm      4mm      5mm      6mm Other _____	Thigh	Anterior shell Posterior shell (standard)	Calf	Anterior shell Posterior shell (standard)	Uprights	Stainless Steel (standard) Titanium	Notes	_____ _____ _____
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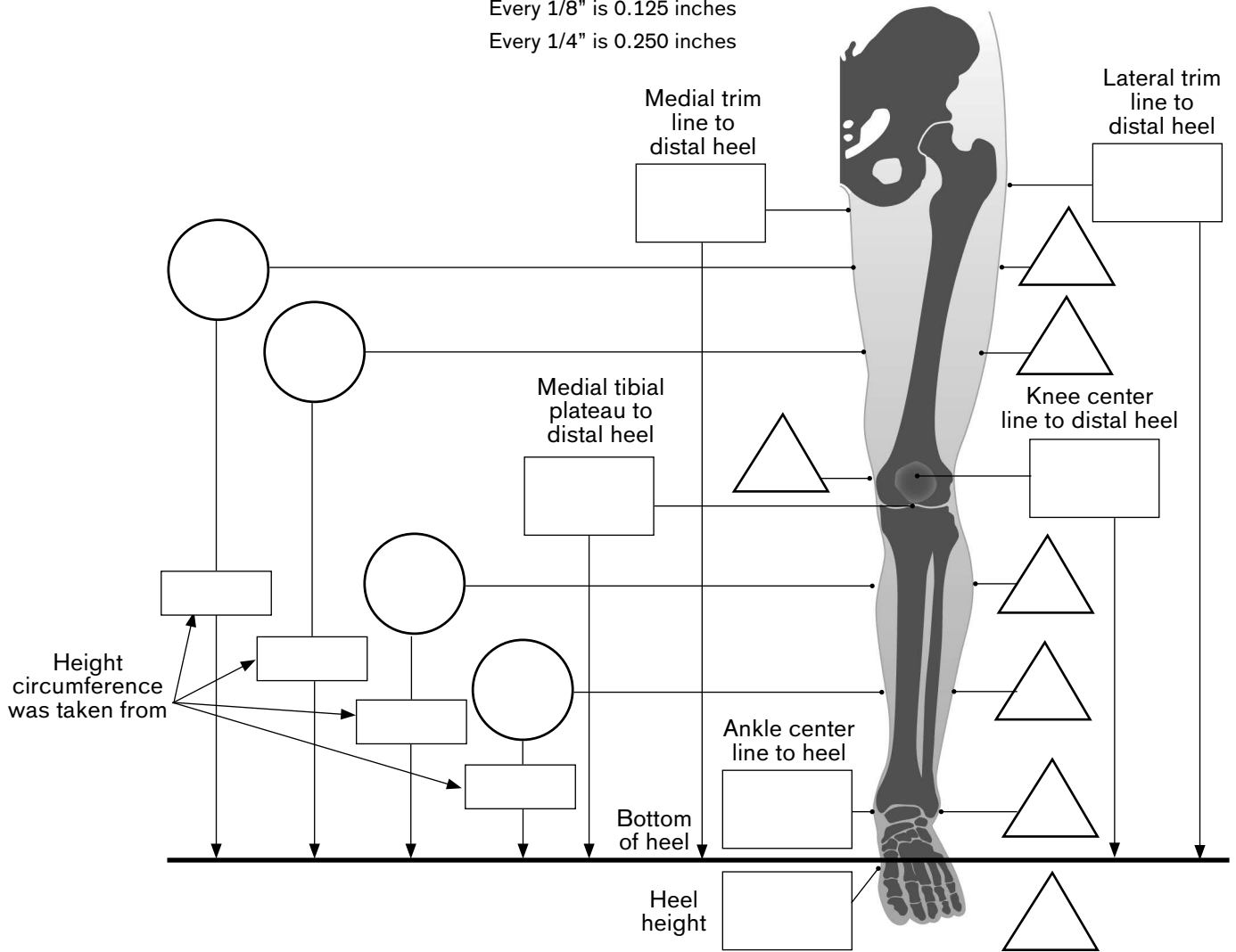
**Measurements were taken**      Supine      Semi Weight Bearing

### Measurements (Centimeters Only)

To convert to cm: inches x 2.54

Every 1/8" is 0.125 inches

Every 1/4" is 0.250 inches



**Please indicate degrees of foot external rotation**

5      7      Other \_\_\_\_\_

**Special Instructions / Comments**